

Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application # <u>SF01962-003</u>

Propermits | 3RES1904-6010

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match informa

Application for Residential Building and Trades Permit

ation on license.	111 1		
Owner's Name:/	KMB Buil	ding LLC	Date: <u>4-5-/9</u>
Site Address: 48 Pon	d Valley Di	1 Holly Spring	75 M Phone: 919-669-7140
Subdivision: Buck	hom Farm		Lot:
Description of Proposed Wo	rk: SFD)	18
		Contractor Informatio	n
Keith Bro			919-669-7140
		1 1 100	Telephone
5609 Stewar	-t Rd Kal	eigh NC 27603	Telephone KMBC11agmail. com
Address		U	Email Address
5/7/3			**************************************
License #	Electrical	Contractor Informatio	on /
Description of Work	SFD	Service Size:	on 200 Amps T-Pole: Yes ∏No
Alpha & Omega Electrical Contractor's Compa	Electric Coo	TNC LIC	919 - 669-3418
Electrical Contractor's Compa	any Name	, , , , , ,	Telephone
1084 Lake Kidg	e Dr. Creedi	moor NG 27522	Telephone Ludwig Balbuena@icloud, com
Address <i>J</i> _5 <i>fd</i> 24828			Email Address
	Mechanical/HV	AC Contractor Inform	<u>nation</u>
Description of Work5	FD		
Mechanical Contractor's Com	ing & AIR		910-858-0000
Mechanical Contractor's Com	pany Name	HER BEET THE THE	Telephone
PO BOX 1071 H	lope Mills, NC	28348	ehrin, certified a gmail com
Address			Email Address
<u>#3-C/200/2</u> License#			* **
License #	Plumbing C	ontractor Information	<u>n</u> _ /,
Description of Work5	FD		#Baths 2/2
All-American	Plumbing C	DIC	919-427-8269
Plumbing Contractor's Compa	ny Name		Telephone
157 ELemon St	Coats NC	27521	JAVery @ aap coine, net
Address	-		Email Address
<u>23263</u>			
LICENSE#	Insulation C	ontractor Information	1
Tatam Insula	ation		919-661-0999
Insulation Contractor's Company Name & Address		Telephone	

*NOTE: General Contractor / owner must fill out and sign the second page of this application.



I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and that **by signing below I have obtained all subcontractors permission to obtain these permits** and if **any** changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

Signature of Owner/Contractor/Officer(s) of Corporation Date			
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:			
General Contractor Owner Officer/Agent of the Contractor or Owner			
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:			
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.			
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.			
Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.			
Has no more than two (2) employees and no subcontractors.			
While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.			
Sign w/Title: Keith brown Owner Des 4-5-19			

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 1020321

Filed on: 04/02/2019 Initially filed by: Kmbc11

Designated Lien Agent

Chicago Title Company, LLC

Online: www.liensnc.com (http://www.bensnc.com)

Address: 19 W. Hargett St., Suite 507 /

Raleigh, NC 27601 Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com (mailto:support@liensnc.com)

1-2 Family Dwelling

Owner Information

Kmb Building LLC 5609 stewart rd Raleigh, NC 27603 United States

Email: Kmbc11@gmail.com Phone: 919-669-7140

Project Property

Lot 10 Buckhorn Farms 48 Pond Valley Drive Holly Springs, NC 27540 Harnett County

Property Type

Date of First Furnishing

04/02/2019

Print & Post



Please post this notice on the Job Site.

Suppliers and Subcontractors: Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

View Comments (0)

Technical Support Hotline: (888) 690-7384